

STATE OF WEST VIRGINIA
Division of Motor Vehicles, Motor Carrier Services
5707 MacCorkle Avenue SE
P.O. Box 17900
Charleston, WV 25317



Name _____

Address _____

City _____

State _____

Zip _____

Account #: _____

rtL272V.6- web

RENEWAL APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT

PLEASE PRINT OR TYPE ALL INFORMATION, SEE BACK TO REQUEST A NAME OR ADDRESS CHANGE

Federal Employer ID or Social Security Number		Owner, Partner(s) or Corporate Name (Legal Name)	
What type of organization is this business? Please check the appropriate box:			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Sole Proprietorship	
Number of Decals:		x \$5.00 per set	Amount Due: .00

INFORMATION

Name under which business is conducted:		
Physical location (Must be a physical address)		
City & State	ZIP Code	County
Contact person:	Telephone number	Fax number
US DOT Number	IRP Account Number	
Mailing Address (If different from above):		
City & State	ZIP Code	County
Did you maintain bulk storage in West Virginia? (Circle one) YES NO		

Sign Application

The applicant agrees to comply with the reporting, payment, recordkeeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that West Virginia may withhold any refunds due if the applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member states.

APPLICANT AGREES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THE IFTA APPLICATION IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE

(Signature of Taxpayer) (Name of Taxpayer - Type or Print) (Date) (Telephone Number)

MAKE CHECK PAYABLE AND MAIL TO: WV DIVISION OF MOTOR VEHICLES

Motor Carrier Services
5707 MacCorkle Avenue SE
P.O. Box 17900
Charleston, WV 25317

Telephone (304) 926-0799 or Fax (304) 926-0797

For more information visit our website at: www.wvdmv.gov

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Division of Motor Vehicles
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Names of Business Owners, Partners, or Officers:			
Name / Title	SSN/FEIN	Home Address	Phone Number

Name or Address Change			
Name: _____			
Address: _____			
Physical location (Must be a physical address)			

Mailing Address (If different from above)			

City & State	ZIP Code	County	

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